

QUESTIONS AND ANSWERS/CLARIFICATIONS
2004-N-01108
OCCUPATIONAL HEALTH SERVICES

CLARIFICATIONS FROM QUESTIONS AND ANSWERS (2)

6. Reference C.4 b, page 33, Worksite Health Promotion Programs. SOW C.4.b.(1)(b) (Page 33) states that HealthCalc will be provided by the government. SOW C.4.b.(2)(d) (Page 34) states that HealthCalc will be provided by the contractor. Page 34 also refers to this as HealthCalc desktop. The current contractor provides the desktop software to manage the fitness centers and the web-based software to deliver program nationwide to employees. Is it the government's intention to assume the costs for these two applications?

ANSWER: The contractor is expected to provide HealthCalc desktop and web-based software to all eligible employees. No, the government will no(t) assume the costs.

Clarification: The contractor will be reimbursed for all costs incurred under the contract for the HealthCalc desktop and web-based software for eligible employees.

40. What information management systems are used on this contract for health clinic operations, scheduling, and tracking? Will these systems be available to the bidders or will the bidders be required to propose and provide their own system(s)?

ANSWER: There are currently no systems in place for the scheduling of appointments or managing medical records.

Clarification: There are currently no information management systems in place to manage any aspects of the contract.

52. The RFP did not require a transition plan to transition to a new contractor. In addition, there was no CLIN for transition costs. How does the offeror address this and how does the offeror cost this requirement? Is there a transition period or does the successful offeror assume all work on day one of the contract without a transition period?

ANSWER: The new contractor will assume all work on day one of the contract without a transition period.

Clarification: Due to the nature of the operations involved, transition from one contractor to another should be accomplished simply, with minimal disruption of the ongoing activities and at negligible cost. Therefore, a transition plan is not required.

QUESTIONS:

1. What medications are typically stocked at the clinics?

ANSWER: The contractor is responsible for stockpiling a specific list of medications for the clinic.

2. Define the intent or meaning of SOW paragraph i2 that states, “These training costs and certification costs shall not be treated as direct costs to this contract.” These costs are typical of an ODC cost for a medical provider and not an indirect cost or fringe benefit cost under our current cost structure.

ANSWER: The intent of the paragraph above is to ensure that all contractor personnel are certified in there given professions and that certifications are kept current.

3. Reference Section K.8, page 75; Please confirm that this section applies.

ANSWER: Yes, referenced section above does apply.

4. What are the financial reporting requirements? Are these requirements monthly or quarterly? Please provide a sample of the reporting format.

ANSWER: Billing instructions can be found on Page 44, G.3 of the solicitation. A sample format can be found under J.6 (attachments).

5. What is the budget for educational materials.

ANSWER: There is no set budget for educational materials.

6. Section L.5(b) states: “The technical proposal must not contain reference to cost...”; Section L.5(c)(2)a requires that we provide salary information; Section L.5(c)(3) Corporate Experience requires the offeror to list contracts similar in magnitude. Is the offeror required to include salaries even though the solicitation infers that we are not to list costs in the Technical Approach? Are we to list the value in dollars of the contracts?

ANSWER: Section L.5(b) also states that “...however, resource information, such as data concerning labor hours and categories, material, subcontracts, etc., must be contained in the technical proposal so that the offeror’s understanding of the work can be evaluated.” Therefore, a request for salary ranges are applicable. The Corporate experience request is for historical data. Also, a list of contracts with dollar values are required.

7. RFP, page 31, paragraph 3. Will an inventory of all equipment be conducted upon contract assumption?

ANSWER: Yes.

8. What are the components of the HIV prophylaxis kits? How many kits annually are required per SOW g12a and g12b, page 12?

ANSWER: The HIV kit contains a total of 16 tablets. Combizir is one tablet made up of the two meds listed directly below it.

Crixivan	400mg	12 tablets
Combizir		4 tablets
Lamizudine (3TC)	150mg	
Zidovudine (AZT)	300mg	

Under g12a, 6 kits are required annually (2 per campus); Under g12b, four kits per non-Atlanta CDC employees.

9. Page 82, Sec.L.2, pg. 90, Sec.M.1 – Participation Plan: Will small business be required for SDB submission plan? If not, will the CDC add points if the small business does submit a plan?

ANSWER: The plan is not applicable to small businesses.

10. Attachments: Is the wage determination – dated 5/2003 the most current for the area?

ANSWER: Yes.

11. Emergency Services – pg. 7, Section C (a) Emergencies: Are/is this contract requiring the Health Units to be staffed (physically) after routine clinic hours to meet this requirement? The instruction appears vague.

ANSWER: No.

12. Blood Innoculations, pg. 55, Sec. H.6 – Does not list required inoculations for staff. Please include.

ANSWER: Annual TB Tests are required.

13. Are the labs that are required on the physicals completed on site or sent out?

ANSWER: Labs are sent out.